



# GRI REFERRAL FORM

Referral Type:  Listing  Buyer

## Receiving Referral Office

To: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## Sending Referral Office

From: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## Client's Information

Client's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
When to Contact: \_\_\_\_\_  
Property to be Listed: \_\_\_\_\_  
  
Home Address: \_\_\_\_\_  
Home City/State/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
Preferred Location: \_\_\_\_\_  
Size and Type of Home Desired: \_\_\_\_\_  
Number of People in Family: \_\_\_\_\_  
Adults: \_\_\_\_\_  
  
Children: \_\_\_\_\_ Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
New Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Position and Approximate Salary: \_\_\_\_\_  
  
Price Range: \_\_\_\_\_  
Must Home be Sold First? \_\_\_\_\_  
Amount of Cash Available for Purchase: \_\_\_\_\_  
Contact Buyer at: \_\_\_\_\_  
Expected Arrival Date \_\_\_\_\_ Moving Date \_\_\_\_\_  
Comments \_\_\_\_\_

# GRI'S ACCEPTANCE OF REFERRAL

Buyer's Signature \_\_\_\_\_  
Prospect: \_\_\_\_\_  
Date contacted: \_\_\_\_\_

Comments: \_\_\_\_\_  
Date: \_\_\_\_\_  
Broker's Signature: \_\_\_\_\_  
Sales Associate's Signature: \_\_\_\_\_

*We accept this referral, and when sale is consummated, we agree to send \_\_\_\_\_%. I will enclose details of sale with check*

Date of first appointment: \_\_\_\_\_  
Sales Associate: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

*Please photocopy for additional forms.*